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## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>PETE SESSIONS</b>		2. Candidate's FEC Identification Number <b>C00303305</b>
(b) Address (number and street) <b>P.O. Box 823047</b>		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code <b>DALLAS, TX 75382-3047</b>		3. Is This Statement <input checked="" type="checkbox"/> (N) OR <input type="checkbox"/> (A) Amended
4. Party Affiliation <b>REPUBLICAN</b>	5. Office Sought <b>TEXAS-32</b>	6. State & District of Candidate <b>TEXAS 32</b>

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2012** election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>Pete Sessions For Congress</b>	
(b) Address (number and street) <b>P.O. Box 823047</b>	
(c) City, State, and ZIP Code <b>DALLAS, TEXAS 75382-3047</b>	

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

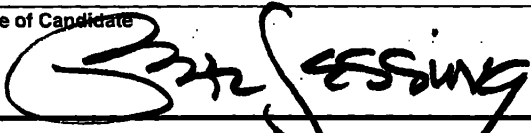
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) <b>Pete Sessions Victory Committee</b>	
(b) Address (number and street) <b>320 1st St, SE Floor 2</b>	
(c) City, State, and ZIP Code <b>Washington, DC 20003-1838</b>	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <b>11/16/2010</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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10030494612

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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FEC MAIL CENTER

1. (a) Name of Candidate (in full)		
(b) Address (number and street)	<input type="checkbox"/> Check if address changed	2. Candidate's FEC Identification Number
(c) City, State, and ZIP Code	3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation	5. Office Sought	6. State & District of Candidate

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the \_\_\_\_\_ election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
Marchant - Sessions Joint Committee
(b) Address (number and street)
1701 Esquire Lane
(c) City, State, and ZIP Code
McLean, VA 22101

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	Date
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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10030494613

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER  
(3/2005)

11/29/10  
DATE PREPARED

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